S
614.05
H2t
vol.31 #6
nov.-dec.1982
PLEASE RETURN
STATE DOCUMENTS COLLECT
3 0864 1006 5430 3
JAN 27 1983
MONTANA STATE LIBRARY
1515 E. 6th AVE.
HELENA, MONTANA 59620

TREASURE STATE HEALTH

Vol. 31, No. 6 November-December, 1982 MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

# Health Care Needs of Montanans Outlined In Report to Governor, 1983 Legislature

Health care is the single state responsiblity most vital to the present and future of Montana's citizens, the Statewide Health Coordinating Council says in a report to Gov. Ted Schwinden and the 48th Montana Legislative Assembly.

Released as members of the 1983 Legislature were reaching the capital, the report makes four policy statements and eight recommendations as a result of the late-September "Governor's Conference on Meeting Montana's Health Care Needs."

**Referred to in advance by the Governor as what could become "a Montana health plan for the '80s," the report's contents were revealed by Rep. J. Melvin Williams (D-Laurel), chairman of the 19-member, governor-appointed advisory group on health care policy.**

Representatives from 40 different state groups of health care providers, health professionals, consumer organizations, special interest associations, and others with both private and public concerns, participated in the governor's conference in September.

Utilizing the resources of the health planning and resource development bureau in the hospital and medical facilities division of the Department of Health and Environmental Sciences, the council then prepared its final report.

Heeding an admonition by the Governor, that, "You should not be guided solely by budget considerations — compassion must enter your deliberations, too," the council notes costs for those with no immediately foreseeable means to pay for necessary basic care should be funded by the state.

In several portions of the report, the council also reacted to concerns expressed by the Governor and Dr. John J. Drynan, director of the health department, about the crunch of reduced public funding and rapidly escalating health care costs.

The following is the complete report by the council:

**POLICY RECOMMENDATION**

The council recommends the following policy statements be used as guidelines in the consideration of health issues by all branches of Montana's state government:

**1. Responsibility to the Public**

Health care is not exceeded by any other state responsibility as vital to the present and future of Montanans. The state has an obligation to ensure that each individual has an opportunity to receive health services — an opportunity which is not hindered by discrimination based on race, sex, or national origin.

Individual responsibility should be encouraged as well as increased efficiency in our health care delivery systems. If, however, these measures are not adequate to insure the necessary health care for Montanans, additional funds should be allocated to health care.

**2. Provision of Services**

The state must assume responsibility for those services which individuals are not able to provide for themselves to protect, maintain, and restore health.

Health protection services including public health and environmental services are the responsibility of the state. This responsibility may be shared with national and local government, but the state has primary responsibility in this area.

Health promotion and disease prevention which can be accomplished through the actions and lifestyles of individuals remains as an individual responsibility. The state responsibility in this area is to encourage and coordinate the efforts of volunteer groups, public health and private health care providers to educate and assist individuals in ways to promote and improve their health.

Personal health care services are available through a variety of independent health care providers. The determination of what services are necessary is a matter which must continually be updated and negotiated among health care providers, health care consumers, and public representatives. How the state determines whether an individual has the ability to pay for necessary services is a matter to be negotiated periodically by Montana's citizens through state government. Once these determinations are made, the state should provide funding for the care.

**3. Distribution of Services**

The state should assist local groups in determining what services are to be provided locally. Within the limits of financial constraints, public protection, and viability of service units, these determinations should be made

**(continued on page 3)**

# More States Require Child Car Seats, Belts

An increasing number of states are passing laws requiring children to ride in special car seats or wear seat belts, according to a New York Times News Service article.

The service reported child passenger restraint laws have been passed in 20 states (not including Montana) and the District of Columbia, and 10 of these have gone into effect since April, 1982.

**The laws generaly require that children under the age of 4 or 5 ride in a federally approved infant car seat equipped with special seat belts and protective panels to shield them from blows to the car and prevent them from being thrown about in an accident.**

Some states also permit children over 1 year old to either sit in the safety seat or wear a seat belt in a rear seat, where they are safer generally than in the front seat.

The penalties for violations are low and often are waived upon purchase of an approved seat, and in some cases the state police carry infant car seats to lend to drivers until they get their own.

"Since 1978, the usage rates for these seats have tripled and quadrupled," says Dr. Robert Sanders, public health director of Rutherford county, Tennessee, who is credited with leading the movement which made his state, in 1978, the first in the nation to enact a child-restraint law.

According to the New York Times News Service story, the Tennessee law requires children under 4 to be strapped in a safety seat, and even though fewer than half of all parents are believed to comply with the law, car crash deaths of children under 4 have fallen from 17 in 1978 to 10 in 1981 and to 5 in 1982.

"We have analyzed every accident in which there was a child death since 1979 case by case," Sanders said. "In almost every case the child would have survived if he or she had been in an approved seat."

Allen F. Williams, a traffic safety expert with the Insurance Institute for Highway Safety, said the movement to pass mandatory child restraint laws spread quickly after the promising results of Tennessee's pioneering effort.

New York's law, which took effect last April, requires car seats for all children under age 4 riding in a vehicle registered in New York. Children age 4 or 5 may wear seat belts instead of using the safety seats. The penalty for failure to restrain child passengers is a $25 fine, which is waived when the offender provides proof of having acquired a seat.

Other states with laws requiring child restraints are Alabama, California, Connecticut, Delaware, Florida, Kansas, Kentucky, Massachusetts, Michigan, Minnesota, Nebraska, North Carolina, Rhode Island, Virginia, West Virginia and Wisconsin. Laws have been passed but not signed in Ohio, Illinois and the District of Columbia.

The report noted that mandatory child restraint legislation has found special support in many states from police organizations.

**Resistance to proposals for the laws has come primarily from legislators who say they are opposed to increasing regulations in what are considered family affairs. They have noted that many children do not like to be put in car seats, and that poor families often are not able to afford the $35 or more that federally approved seats sometimes cost.**

To help people who cannot afford the safety seats, many hospitals and public service groups sell them to parents at cost.

# Insulin Pump Patient Deaths Not Excessive

The Centers for Disease Control of the U.S. Department of Health and Human Services says continuous subcutaneous (beneath the skin) insulin infusion pumps therapy is not associated with excess mortality.

Insulin pumps are small, battery-powered devices which administer insulin through a subcutaneous catheter. Regular insulin is administered at a slow, constant rate, and additional amounts are given before meals.

Continuous subcutaneous insulin infusion pumps do not have glucose sensors, and patients using them generally monitor their own blood glucose levels. These pumps were introduced in the United States in the late 1970s and have been used by increasing numbers of diabetics to improve their glycemic control.

Eleven deaths among patients using these devices were reported in February, 1982, and 24 additional deaths have been reported to the Centers for Disease Control since then. The patients who died ranged from 11 to 66 years old, and 33 were insulin-dependent diabetics.

The observed number of deaths was not greater than the expected number calculated from the age-specific death rates for Type I diabetics.

Nevertheless, the Centers for Disease Control says, because of the demands that pump therapy places on both the physician and patient, and because of the potential problems inherent in the device, physicians should take great care in selecting patients for the intensive glycemic control and great care in its application.


TREASURE STATE HEALTH

Published bimonthly for Montana health professionals and for citizens interested in public health, by the State Department of Health and Environmental Sciences, Helena, Montana, 59620. Entered as Second Class Matter, postage paid at Helena, MT 59620. POSTMASTER: Send address changes to Treasure State Health, Cogswell Bldg., Helena, MT 59620.

**Department of Health and Environmental Sciences**
Ted Schwinden, Governor; Dr. John J. Drynan, Director;
Joe A. Renders, Treasure State Health Editor.



**Board of Health and Environmental Sciences**
John F. McGregor, M.D., (Chairman), Great Falls; Tennie Bottomly, Belgrade; Raymond D. Grondahl, M.D., Butte; George Lackman, Missoula; Kenneth C. Lee, D.V.M., Scobey; William A. Spoja, Jr., Lewistown; Edwin Zaidlicz, Billings.

# Health Care Needs of Montanans Outlined

(continued from page 1)

locally. Specifically, the state should encourage and assist local communities in assessing their health care needs and resources.

**4. Health Care Costs**

State government has the responsibility to take necessary actions to maintain a three-way balance among health care costs, quality of care, and accessibility to care. The state must not consider these as three separate areas of responsibility but must adopt programs which promote the public interest in all three areas.

**RECOMMENDED ACTIONS**

1. The state should maintain funding of programs protecting the public from public health and environmental hazards.

2. The state should maintain funding for coordination and encouragement of health promotion and disease prevention programs.

3. Programs to address special health needs should not be established by state law if they are not funded through the state. This would include federally funded programs with no long-range commitment to continued support.

4. The state should maintain the capability to assist local communities in assessing their health service needs.

5. The state should assess the need for funding or providing transportation for routine health care as an alternative to expansion of services, unnecessary use of ambulances or home health care, or some individuals going without needed care.

6. The state should maintain its certificate of need program as a control on capital expenditures for health care facilities and equipment and as a means of maintaining equitable distribution of facilities. The program should be improved to provide a shortened appeal process, increased thresholds for inclusion and equal application across all providers.

7. The state should design and implement a system for prospective reimbursement for health care services. The system should have the following characteristics:

(a) It should establish rates prospectively and both service providers and payers should be held to those rates.

(b) It should be administered by a commission which would be independent of both health care providers and state government.

(c) It should be staffed by an agency which would be established specifically for carrying out the rate regulation functions.

(d) It should be funded through state government either by general funds or specific fees to service providers and third-party payers.

(e) It should include hospitals, nursing homes, and home health care services. Other health care services should be evaluated for possible inclusion.

(f) Each service included in the system should be required to have a formal peer review system and the peer review system should report annually to the rate commission. The rate commission could also use the peer review group to help evaluate the quality of care impact of the rate structure.

8. The Governor should instruct the Statewide Health Coordinating Council to hold a 1983 Governor's Conference on Health. This conference should evaluate the year's progress on meeting Montana's health care needs and revise and elaborate on policies and actions for the future.

# Committees for Department Legislation Listed

Here are the committees and members which will deal with legislation having the most importance to the Department of Health and Environmental Sciences during the 48th Montana Legislative Assembly:

**HOUSE OF REPRESENTATIVES:**

**Human Services Committee**—Marjorie Hart (D-Glendive), chairman; Carol Farris (D-Great Falls), vice chairman; Joe Brand (D-Deer Lodge), Jan Brown (D-Helena), Mary Ellen Connelly (D- Whitefish), Paula Darko (D-Libby), Bob Dozier (D-Billings), Jerry Driscoll (D-Billings), Stella Jean Hansen (D-Missoula), Red Menahan (D-Anaconda), Jay Febrega (R-Great Falls), Tom Jones (R-Kalispell), Carl Seifert (R-Polson), Chester Solberg (R-Scobey), Bernie Swift (R-Hamilton), Orren Vinger (R-Wolf Point), Cal Winslow (R-Billings).

**Natural Resources** — Hal Harper (D-Helena), chairman; Bob Ream (D-Missoula), vice chairman; Kelly Addy (D-Billings), Dave Brown (D-Butte), Bill Hand (D-Dillon), Jim Jensen (D-Billings), Kathleen McBride (D-Butte), Jerry Metcalf (D-Helena), Ted Neuman (D-Vaughn), Joe Quilici (D-Butte), Dennis Veleber (D-Missoula), Tom Asay (R-Forsyth), Toni Bergene (R-Great Falls), Verner Bertelsen (R-Ovando), Aubyn Curtiss (R-Fortine), Harrison Fagg (R-Billings), Dennis Iverson (R-Whitlash), Glenn Mueller (R-Libby), Ken Nordtvedt (R-Bozeman).

**Appropriations**—Francis Bardanouve (D-Harlem), chairman; Rex Manuel (D-Fairfield), vice chairman; Steve Waldron (D-Missoula), vice chairman; Esther Bengston (D-Shepherd), Mary Ellen Connelly (D-Whitefish), Red Menahan (D-Anaconda), Ray Peck (D-Havre), Joe Quilici (D-Butte), Glen Roush (D-Cut Bank), John Shontz (D-Sidney), Gene Donaldson (R-Helena), Gene Ernst (R-Stanford), Andrea Hemstad (R-Great Falls), Earl Lory (R-Missoula), Chris Stobie (R-Thompson Falls), Bob Thoft (R-Stevensville), Cal Winslow (R-Billings).

**SENATE:**

**Public Health**—Tom Hager (R-Billings), chairman; Reed Marbut (R-Missoula), vice chairman; Matt Himsl (R-Kalispell), Stan Stephens (R-Havre), Chris Christiaens (D-Great Falls), Judy Jacobson (D-Butte), Bill Norman (D-Missoula).

**Natural Resources**—Harold Dover (R-Lewistown), chairman; Mark Etchart (R-Glasgow), vice chairman; Thomas Keating (R-Billings), Gary Lee (R-Fort Shaw), James Shaw (R-Wibaux), Larry Tveit (R-Fairview), Pete Story (R-Emigrant), Dorothy Eck (D-Bozeman), Mike Halligan (D-Missoula), Dave Manning (D-Hysham), John Mohar (D-Libby), Fred Van Valkenburg (D-Missoula).

**Finance and Claims**—Matt Himsl (R-Kalispell), chairman; Mark Etchart (R-Glasgow), vice chairman; Gary Aklestad (R-Galata), Harold Dover (R-Lewistown), Swede Hammond (R-Malta), Thomas Keating (R-Billings), Donald Ochsner (R-Miles City), Pete Story (R-Emigrant), Larry Tveit (R-Fairview), Ed Smith (R-Dagmar), Paul Boylan (D-Bozeman), Jack Haffey (D-Anaconda), Judy Jacobson (D-Butte), Leo Lane (D-Three Forks), Pat Regan (D-Billings), Lawrence Stimatz (D-Butte), Bill Thomas (D-Great Falls), Fred Van Valkenburg (D-Missoula).

**Appropriations Subcommittee for Human Services**

(Equal membership from House Appropriations and Senate Finance and Claims) Rep. John Shontz (D-Sidney), chairman; Sen. Pat Regan (D-Billings), vice chairman; Rep. Red Menahan (D-Anaconda), Sen. Pete Story (R-Emigrant), Sen. Gary Aklestad (R-Galata), Rep. Cal Winslow (R-Billings).

*State of Montana*

*Department of Health and Environmental Sciences*

*1982*

## EMPLOYEE OF THE YEAR

**Edward W. Casne**

For Exemplary Efforts In His Duties
With This Department
To Promote And Protect
The Public Health And Environment
Of All Montana Citizens

Dr. John J. Drynan, Director

John W. Bertlett, Deputy Director

# Medical Capabilities Exceed What's Affordable, Doctor Says

"We're at a crossroads in this country," says Dr. William R. Fifer, University of Minnesota professor of medicine and public health. "What we're able to do medically exceeds what we're able to afford."

Fifer was quoted in an Associated Press story from New York City, which added that a former head of the American Hospital Assn. had said much the same thing.

According to the Health Insurance Assn. of America:

In 1960, U.S. health expenditures — personal health care, medical research, new medical facilities, insurance and government-sponsored public health activities — totaled $26.9 billion, or 5.3 percent of the nation's gross national product (GNP).

By 1970, the health care percentage of the GNP had risen to 7.5 percent. By 1980, it was up tp 9.5 percent, based on expenditures of $249 billion.

And, in 1981, spending amounted to $286.6 billion, or 9.8 percent of GNP.

That year about $1,200 was spent on health care for each man, woman and child in the United States, compared with roughly $150 in 1960.

Some of the dollar increase was a consequence of inflation, but by no means all.

Last year, for example, an insurance company survey found hospital daily service leaped 13.48 percent over 1981, at least double the overall inflation.

That study, which summarized data provided to Equitable Life Assurance by 2,500 hospitals during the third quarter of 1982, found the average daily charge in a private room was $167.50 and in intensive care, $408.50.

In intensive care, the District of Columbia showed an average of $664.50 and a Stanford, CA, hospital $982.50 a day.

# Casne First As Employee Of the Year

He lost his job before the year was out, but Edward W. Casne is the Montana Department of Health and Environmental Sciences' "Employee of the Year" for 1982.

Casne was chief of the subdivision bureau of the department for 7½ years, but the bureau was forced to cease functioning in November and Casne's position was erased when a combination of low fees, set by the Legislature, and a slowdown in subdivision development failed to provide the funds to continue.

According to an earlier statement by Dr. John J. Drynan, people in the water quality bureau with previous experience and an environmental engineer transferred from the defuct bureau are continuing "to carry out the state's responsibility to review subdivisions" until the Legislature has an opportunity to take corrective action.

Casne, who came to the department in 1974 with a chemical engineering degree from Montana State University and a master's in sanitary engineering from the University of Washington, was chosen for the departmental award from a field of seven nominees by a selection committee representing the department's employees.

In presenting the award, Drynan cited Casne "for exemplary efforts . . . to promote and protect the public health and environment of all Montana citizens."

In October, before his bureau's demise, Casne received a distinguished service award from the Montana Environmental Health Associaton "for significant noteworthy contributions to the future development and the environmental health of Montana" through his leadership of the subdivision bureau.

---

The Food and Drug Administration announced benzyl alcohol, a preservative in some vials of sterile saline and water used intravenously, might have been linked to the deaths of 16 premature infants, because the substance was found in the urine or blood of each of them. Comparable products not containing the preservative are available and should be used for premature babies, the FDA advises.

# Unemployment Takes Its Toll on Health, Too

Health, union and insurance officials are concerned that a great many unemployed people and their families are deferring necessary health care because they lost health insurance coverage along with their jobs, according to a recent story in the New York Times.

Jobless workers and members of their families are canceling doctor appointments and failing to enter hospitals when they need medical care.

Federal officials and labor leaders estimate 8 million of the 11 million-plus unemployed Americans lost their coverage and, on the average, at least one spouse, or spouse covered under the same policy, also lost protection, bringing the total to more than 16 million.

A recent study by Blue Cross and Blue Shield concluded, "Exposure to the risk of heavy health care expenses is a serious threat to workers who lose their health care coverage because of unemployment."

In a Washington meeting, called by the U.S. Conference of Mayors, an official of the American Federation of State, County and Municipal Employees said, "There is a new group of people out there. They're unemployed but they've worked for 20 years, so they have a house and they want to make the mortgage payments to keep that home. They cut down on food, and health care comes last."

**Dr. M. Harvey Brenner, Johns Hopkins University sociologist, has data showing for each 1 percent rise in unemployment, suicides increase 4.1 percent; homicides, 5.7 percent; deaths from heart disease, cirrhosis of the liver and stress-related disorders, 1.9 percent; and, admissions to hospitals, 2.3 percent for women and 4.3 percent for men.**

A study by the University of Minnesota industrial relations center supports Brenner's observations.

It shows when unemployment rises 1 percent, there are 318 additional suicides among American men. Preliminary findings of the same study also show increases in mental illness, child abuse and alcoholism.

In other studies, joblessness has been linked to increases in alcohol and drug abuse, crime and wife battering, in addition to child abuse.

Dr. Paula Rayman, Brandeis University sociologist, who studied 80 unemployed aircraft workers near Hartford, CT, found evidence of high blood pressure, alcoholism, increased smoking, insomnia, nervous exhaustion, worry and anxiety.

**Perhaps the greatest tragedy related to unemployment's consequences is cited by Dr. Bailus Walker Jr., director of public health in Michigan, who noted a "disturbing rise in the state's infant mortality rate, often considered to be a reflection of overall quality of health care, as well as social and economic factors."**

Walker commented simultaneously that 400,000 workers had lost insurance benefits in that state as a result of the recession.

Jeffrey Taylor, chief of the Michigan department's maternal and infant division, asserts, "There's a definite correlation."

Taylor explained Michigan's statewide jobless rate recently jumped to 16.1 percent and the state's mortality rate went to 13.2 of every 1,000 babies born in 1981 from 12.8 in 1980.

Michigan's problem is not the worst in the country, according to the National Center for Health Statistics. Compared to the U.S. average rate of infant mortality of 11.7, Mississippi was the highest with 17.6, and among cities over 500,000 people, the rate was 22.8 in Baltimore and 22.2 in the District of Columbia.

## HEALTH EVENTS CALENDAR

(Please submit all items for inclusion in this calendar at least two months in advance of scheduled date for event, if possible.)

| Date | Event | Location | Sponsors |
|---|---|---|---|
| **January** | | | |
| 21 | Governor's Advisory Council on Aging | Helena | GAC on Aging |
| **February** | | | |
| 2 | Training for Registered Dietitians | Glendive | Dawson Co. H.D. |
| 4-6 | EMT Course Coordinator Basic Workshops | Butte | DHES |
| 12-13 | EMT Exam | Miles City | DHES |
| 15-20 | Pulmonary/Ski Symposium | Big Sky | ALA of Mont. |
| 22-25 | Assn. of Gerentology in Higher Education | Los Angeles, CA (202) 484-7505 | AGHE |
| 23-25 | FP Nurse Practitioner/ Physician Workshop | Denver, CO | John Snow Inst. |
| **March** | | | |
| 9-12 | National Council of Community Mental Health Centers | Detroit, MI (202) 337-7530 | NCCMHC |
| 10-11 | The Aging Population: A 1980 Census Workshop | Detroit, MI | Bureau of Census |
| 10-12 | Conference on Severely Handicapped & Autistic | Billings | IHS, EMC, MSAC, OPI |
| 11-12 | Nursing Fair | Helena | MNA |
| 12-16 | National Council on Aging, Inc., Annual Conference | Detroit, MI (202) 479-1200 | NCOA |
| 13-16 | Council on Social Work Education | Fort Worth, TX (212) 242-3800 | CSWE |
| 19-20 | EMT Exam | Polson | DHES |
| 25-4/1 | EMT First Responder Series | Bozeman | DHES |

# — INDICATORS —

**Aspirin**—Expectant mothers should not take aspirin, nor any drug containing aspirin, within five days before expected delivery, according to a study published in the New England Journal of Medicine by Dr. Marie J. Stuart. She said as little as a quarter tablet of aspirin impairs both mother's and baby's blood-clotting ability, and could cause abnormal bleeding during, and in the first few days after, delivery. The study reports no serious effects on full-term babies, but impaired hemostasis might lead to harmful, possibly fatal, internal hemorrhaging in the small, premature infant.

**Laser Beams**—Experiments being conducted at the University of California medical center on the use of laser beams to melt fatty deposits which clog coronary arteries may eliminate bypass surgery in many cases, according to cardiologist Garrett Lee. The technique is also expected to be effective in clearing calcium deposits from victims of arteriosclerosis.

**Fat Substitute**—A synthetic fat resembling cooking oil, made of sucrose polyester, has been developed at Procter & Gamble Co., and may offer new hope to those people suffering from weight problems or high cholesterol levels. The product is reported to look, taste, smell and act like conventional cooking oils.

**Interferon Fights Colds**—A British medical journal, "The Lancet," has reported that a nasal spray containing synthetic interferon was shown to be effective in blocking the growth of a type of rhinovirus which causes 25 to 30 percent of all colds in adults. The drug is now being tested against other cold viruses, with "hopeful" results. Genetic engineering allows interferon to be produced much more cheaply than natural interferon obtained from human white blood cells.

**DMSO**—Medical researchers in national and private agencies are studying the effects of dimethyl sulfoxide (DMSO) as a treatment for a number of diseases. Studies in animals and humans suggest DMSO helps minimize obstruction of blood flow that leads to nerve cell death after brain and spinal cord injuries; may dissolve the buildup in minerals in vital organs and joints, which occurs in amyloidosis and arthritis; may greatly decrease the numbers of lesions from herpes zoster type II, when used in combination with the drug acyclovir; seems to inhibit formation of cancer cell lines in animals; and may be a powerful painkiller, without the addictive problems associated with morphine.

**Blood Pressure**—Studies conducted by Dr. David A. McCarron at the Oregon Health Sciences University, show that people with high blood pressure have a small but significant reduction in blood levels of ionized calcium, and that those with hypertension eat less calcium-rich dairy products than people who do not have high blood pressure. McCarron noted that diuretics, which are often prescribed to reduce blood pressure, will increase levels of ionized calcium in the blood. In a separate study at New York University medical center, Dr. N. Eric Naftchi reports infusion and oral doses of the anti-hypertensive drug clonidine has enabled paralyzed cats to recover full or partial sensory and motor functions. Naftchi said the drug was more effective if used soon after the injury, but some favorable results came from treating the animals as much as seven weeks after injury.

**Leukemia** — An experimental technique being used by only a few hospitals in the United States, and only when other approaches have failed, treats acute leukemia by extracting diseased bone marrow from a patient, 'cleaning' it of cancerous cells and returning it to the patient's body. The procedure is performed outside the body because it involves the usage of a newly synthesized drug in dosages higher than a patient can survive. The technique was developed at Johns Hopkins University. More traditional marrow transplants are still preferred when available.

**Hearing Disorder**—Dr. Jack Willeford, a Colorado State University audiologist, says many delinquent youths don't listen because they can't. Dr. Willeford says, in some cases, youngsters "hear too much," and are unable to sort out and interpret all the messages their brains pick up. There is no cure for this disorder, which doesn't show up on hearing tests, but sometimes it ceases to be a problem when the brain reaches full maturity.

**New Test for Stroke**—A new test to diagnose stroke, which is faster and cheaper than CT scanning, has been developed by researchers at the New England Deaconess Hospital in Boston. Doctors inject a radioactive material into the head, then take a picture with a camera which picks up radioactive images. The pictures clearly depict areas of the brain where the flow of blood has been cut off.

**Old Birth Control Method Studied**—The cervical cap, or pessary, is the subject of a three-year study being carried on at the Bitterroot Clinic in Hamilton, with about 50 women participating in the study. At present the cap is classified as a signficant risk device by the Food and Drug Administration and can be used for investigation only. Results so far indicate about 90 percent success rate.

**Human Insulin Approved**—The FDA has approved the use of human insulin produced by bacteria, which some specialists believe will prevent allergic reactions in diabetics, unlike animal-produced insulins now in use. Predictions are the new insulin will be in drugstores within a few months, but it will be quite expensive.

**(CORRECTION—In a brief article on the possible radiation danger from video games in the last issue, we failed to mention that only color TV sets, built before 1970, were suspect.)**

## Cancer Genes Found In Normal Tissues

Researchers at the National Cancer Institute have found the first evidence that certain people are born carrying cancer genes — altered bits of genetic material which predispose them to cancer.

The research has not yet been published in a scientific journal and should be considered preliminary.

Previously, cancer genes have been isolated from cancer tumors and researchers presumed the cancer genes existed only in the cancerous tissue, not in normal tissue.

Researchers studying a patient with bladder cancer discovered that cancer genes might be present throughout the patient's body, in normal tissue as well as in the bladder cancer tumors.

Examinations of 15 people without bladder cancer showed none of them carrying bladder cancer genes, suggesting—but not proving—that cancer genes are not found in the normal population.

# Suzanne Nybo to Present Paper

Suzanne Nybo, supervisor of the statewide family planning program for the health services division, has been selected to present a paper at the annual meeting of the National Family Planning and Reproductive Health Assn. On March 4 in Washington, D.C.

Nybo's abstract, entitled, "State Health Department and Local Family Planning Program Relations: A Model," describes the relationship which has evolved between the Montana Department of Health and Environmental Sciences and its 15 local family planning programs in the decision-making process.

The department subcontracts with the local programs to provide services throughout the state. Local programs are diverse and include Planned Parenthood affiliates, private nonprofit organizations, community action programs and local health departments.

Nybo's paper emphasizes the positive aspects of participatory management in the funding allocation formula, monitoring and evaluation systems, development of administrative and medical policies, service delivery planning and public affairs.

Of particular interest, according to Nybo, is the formula for distributing federal funds, which the state and local staff and consumers developed and used since 1976. Montana's distribution of funds is based on consumer need and service providers' records of cost-effective service delivery.

This is not the first professional recognition for Nybo in her seven years with the department—she received a special award from the Montana Public Health Assn. in 1980 and a meritorious service citation from the department in 1978.

She received bachelor's and master's degrees in psychology from Montana State University in Bozeman and previously served as a parent in a teen group home in Helena, a counselor for the local family planning program, psychologist for Head Start and taught in the public school system, working with students with learning disabilities and behavioral problems.

**Suzanne Nybo**

Nybo will not be unfamiliar with her audience at the presentation in the national capital—she has been a member of the board of directors of the national family planning organization for the last two years.

# Senators Told About Fetal Alcohol Syndrome

"Because a safe level of alcohol intake has not been established for the pregnant woman, we advise women who are pregnant or considering pregnancy not to drink alcoholic beverages."

In response to congressional concern over the incident of fetal alcohol syndrome, Edward Brandt, assistant secretary for health in the U. S. Department of Health and Human Services, gave this testimony before the U. S. Senate subcommittee on alcoholism and drug abuse.

**Brandt emphasized that "compelling" scientific data about the dangers of prenatal alcohol use—even at minimum levels and even near the time of conception—is disturbing.**

Brandt said:

"Over the last decade, there have been many studies of the effects of alcohol consumption during pregnancy. The findings are clear and compelling. Alcohol consumption during pregnancy poses a significant risk for the unborn child—with consequences including increased spontaneous abortions, decreased birth weight, major and minor birth defects, and mental retardation.

"Some of these effects occur in children whose mothers, during pregnancy, consumed alcohol in amounts consistent with a diagnosis of alcoholism. Some occur in children whose mothers drank moderately.

"In the United States, the incident of the fetal alcohol syndrome—a specific cluster of severe and irreversible abnormalities — is conservatively estimated at 1,500 to 2,000 births a year. The incidence of a broad range of other adverse alcohol-related outcomes is as much as 20 times as high, affecting an estimated 30,000 pregnancies each year.

**"And, all of it is completely preventable!**

"At the extreme end of the continuum of risk are children born with the specific cluster of abnormalities which has been named fetal alcohol syndrome. Its most consistent features are mental impairment, small head circumference, pre- and post-natal growth deficiency, irregularities of the head and face, and defects of such organs as the heart and of the renal, genital and skeletal systems.

"Alcohol consumption during pregnancy also increases the risk of complications during pregnancy and a broad range of other adverse effects on the fetus. These neo-natal and maternal problems, which occur as a consequence of alcohol misuse in pregnancy and are apart from the fetal alcohol syndrome, have been termed fetal alcohol effects or alcohol-related birth defects. Some of these occur even at moderate levels of alcohol consumption."

For example:

- Women who average one ounce of absolute alcohol (two drinks) per day in the pre-pregnancy period deliver children who are an average of 91 grams lighter than occasional drinkers and abstainers. With this level of alcohol consumption in late pregnancy, the weight decrement is 160 grams.
- Women who report drinking at the level of one to two drinks per day are at twofold higher risk for spontaneous abortions than women who are abstinent or occasional drinkers.
- Alcohol may have residual effects on women who were alcoholic but who abstain throughout pregnancy. One preliminary study has shown that children born to abstinent recovering alcoholic mothers, when abstinent less than one year, have significant decrements in intellectual developments when compared to children born to non-alcoholic mothers. This raises questions regarding consequences of long-term alcohol abuse and long-range effects on the female reproductive system.

# Accidental Hypothermia Risk to Elderly Cited

As many as 2.5 million elderly people, or 10 percent of those over 65 years old, may be at risk of becoming victims of accidental hypothermia in the United States, according to recent information gathered in Great Britain.

Hypothermia, or internal body temperature of 95°F (35°C) or under, may occur when anyone is exposed to severe cold without sufficient protection, but can develop in elderly people and some infants after exposure to relatively mild cold. People who are particularly susceptible are the chronically ill, very old, and those who cannot shiver because of defective body temperature regulation.

**Accurate data on deaths due to accidental hypothermia is not available, because many doctors are not familiar with this condition; the symptoms resemble those of a stroke, diabetic coma and heart disease; and autopsies cannot definitely show whether hypothermia was the cause of death.**

Because of the similarity of symptoms to other diseases, and because the victims may not complain of feeling cold, diagnosis is often difficult.

Some clues to watch for are:

- An elderly person may often seem to be unaware of the cold.
- Family and friends may notice a person is not thinking clearly, or acting as usual.
- Certain medical conditions, such as hypothyroidism, alcoholism or diseases which reduce activity or awareness.
- Social conditions which prevent people from being able to afford to pay for adequate heating in their homes or proper insulation.
- The person is taking drugs, such as phenothizines, which keep the body from regulating temperature normally.

**One problem in diagnosing hypothermia has been the lack of availability of a thermometer which registers body temperatures below the usual point of 94°F. Research indicates 80 percent of hospital emergency rooms have no low-reading thermometer as part of their equipment, and only 30 percent have access to such a thermometer elsewhere in the hospital.**

Health care professionals in emergency rooms, nursing homes, doctors' offices or other environments in which they come in frequent contact with elderly patients should be alert to signs of hypothermia.

In addition to low body temperature, they include:

- Uncontrollable shivering, or lack of shivering and stiff muscles.
- Slow, and sometimes irregular, heartbeat, weak pulse, low blood pressure.
- Slurred speech; shallow, extremely slow breathing.
- Confusion, disorientation or drowsiness, perhaps lapsing into coma.
- Lack of coordination, sluggishness.
- Any noticeable change in appearance or behavior during cold weather.
- Low indoor temperatures and other signs that a person has been in an unusually cold room.

If any such signs are noticed, the person should see a doctor immediately, preferably in a hospital.

The victim must be re-warmed as soon as possible to prevent lasting damage to kidneys, liver and pancreas. Young, healthy patients should be re-warmed rapidly and actively, but elderly patients should be re-warmed slowly and spontaneously, no more than 1°F per hour.

If internal body temperature has not fallen below 90°F, chances for complete recovery are good. From 90°F to 80°F, lasting damage to body organs is probable, and below 80°F, probably will be fatal without prompt treatment.

If you must wait for emergency medical help to arrive, prevent further heat loss by wrapping the victim in a warm blanket, place hot water bottles or electric heat pads on victim's abdomen (medium or low setting), and if possible, administer small quantities of warm food and drink. Do not give the victim any alcoholic beverage.

In extreme emergency, use your own body heat to help keep the victim warm by lying close to the person. If the victim is unconscious, lower the head and raise the feet to prevent shock and guard against accidental choking.

---

Public Information Unit
**Department of Health and Environmental Sciences**
**Helena, Montana 59620**

**2nd Class Postage Paid at Helena, MT USPS 637 960**

3,000 copies of this public document were published at an estimated cost of .22c per copy, for a total cost of $651.03, which includes $484.88 for printing and $166.15 for distribution.